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|                                                                          | PATENT A                                       | PPLICATION<br>Effective                     | -6           | Application or Docket Number                |                  |       |                                              |                        |    |                     |                        |  |
|--------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|--------------|---------------------------------------------|------------------|-------|----------------------------------------------|------------------------|----|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                |                                             |              |                                             |                  |       | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                        |    |                     |                        |  |
| FO                                                                       | R                                              | NUMBER                                      | NUMBER FILED |                                             | NUMBER EXTRA     |       | ſΕ                                           | FEE                    | •  | RATE                | FEE                    |  |
| ВА                                                                       | SIC FEE                                        |                                             |              |                                             |                  |       |                                              | 345.00                 | OR |                     | 690.00                 |  |
| TO                                                                       | TAL CLAIMS                                     | 28                                          | minus 20     |                                             |                  | Х\$   | X\$ 9=                                       |                        | OR | X\$18=              | 141. <sup>50</sup> ·   |  |
| IND                                                                      | EPENDENT CL                                    | aims S                                      | minus 3      | =: 2                                        |                  | ХЗ    | 9=                                           |                        | OR | X78 <del>=</del>    | 156.®                  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                |                                             |              |                                             |                  |       | +130=                                        |                        | OR | +260=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                             |              |                                             |                  |       | AL                                           |                        | OR | TOTAL               | 990.                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) 4-23-04(Column 2) (Column 3)     |                                                |                                             |              |                                             |                  | SM    | SMALL ENTITY                                 |                        |    | OTHER THAN          |                        |  |
| NTA                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER                |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA    | TE .                                         | ADDI-<br>TIONAL<br>FEE |    | RATÉ                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                | Total                                          | 7/                                          | Minus        | .22                                         | -48              | X\$   | 9=                                           |                        | OR | X\$18=              | \$64.00                |  |
| ME                                                                       | Independent                                    | · 7                                         | Minus        | 5                                           | -2               | ХЗ    | 9=                                           |                        | OR | X78=                | 112.00                 |  |
| F                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |              |                                             |                  |       | 0=.                                          |                        | OR | +260=               |                        |  |
|                                                                          | _                                              |                                             |              |                                             |                  | ADDIT | OTAL                                         |                        | 00 | TOTAL               |                        |  |
|                                                                          | 1-34-65 (Column 1) (Column 2) (Column 3)       |                                             |              |                                             |                  |       |                                              |                        |    | ADDIT. FEE          |                        |  |
| AMENDMENT B                                                              |                                                | CLAIMS REMAINING AFTER AMENDMENT            | A A          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA    | τE                                           | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| E                                                                        | Total                                          | . 76.                                       | Minus        | • 76                                        | =                | X\$   | 9=                                           |                        | OR | X\$18=              |                        |  |
| MEN                                                                      | Independent                                    | • 7.                                        | Minus        | •• 7                                        | =                | ХЗ    | 9=                                           |                        | ОЯ | X78=                |                        |  |
| -                                                                        | FIRST PRESE                                    | NTATION OF MU                               | ILTIPLE DEP  | ENDENT CLAIM                                |                  | +13   |                                              |                        | OR | +260=               |                        |  |
|                                                                          |                                                |                                             |              |                                             |                  |       | OTAL<br>FEE                                  |                        | ОЯ | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                          |                                                | ווכטו                                       | . ,          |                                             |                  |       |                                              |                        |    |                     |                        |  |
| MTC                                                                      |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGHEST<br>NÜMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA    | TE                                           | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AENDMENT                                                                 | Total                                          | •                                           | Minus        | **                                          | ='               | X\$   | 9= ·                                         |                        | ОЯ | X\$18=              |                        |  |
| Ę                                                                        | Independent                                    | •                                           | Minus        | 940                                         | -                | · ¥3  | ۵                                            |                        |    | X78=                |                        |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

FORM PTO-676 (Rev. 12/99)

+130=

+260=

OR ADDIT. FEE TOTAL

<sup>&</sup>quot;If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20; enter "20."

ADDIT. FEE

OR ADDIT. IT The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.